



OFFICE OF PUBLIC INSTRUCTION

PO BOX 202501  
HELENA MT 59620-2501  
www.opi.mt.gov  
(406) 444-3095  
888-231-9393  
(406) 444-0169 (TTY)

Tim F. Grogan  
Superintendent

## CLASS 5 ALTERNATIVE EDUCATOR LICENSURE APPLICATION

The Montana Superintendent of Public Instruction is responsible for issuing all teacher, administrator, and specialist licenses in the state of Montana. The Educator Licensure Program at the Superintendent's Office of Public Instruction is responsible for evaluating all applications for licensure.

Montana law requires that all educators be properly licensed and endorsed prior to being employed in an accredited school in Montana. If you have not been licensed in Montana, or if you wish to reinstate a lapsed, revoked or suspended license, you must complete this application material.

**Montana law also requires that any applicant for initial licensure, any person seeking emergency authorization of employment or any applicant seeking to reinstate a lapsed, revoked or suspended license must submit information and material for a fingerprint-based national criminal history background check.** The application for that background check is a separate packet of documents.

Please follow the instructions, complete all application material, attach all required documentation, and return the completed application material to:

**Educator Licensure Program  
Montana Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501**

For more information, you may contact Educator Licensure at (406) 444-3150 or [cert@mt.gov](mailto:cert@mt.gov).

If you are a Veteran or currently serving in the military, contact Troops to Teachers at 866-478-3224 or [ttt@montana.edu](mailto:ttt@montana.edu) for information regarding financial aid.

*Over 170 years ago, Abraham Lincoln said, "Upon the subject of education, . . . I can only say that I view it as the most important subject which we as a people can be engaged in." Nothing has changed since that time — public education remains a cornerstone of our democracy. Thank you for your interest in applying for a Montana Educator License. We welcome the opportunity to consider your application.*

*If you need assistance from my staff or me, please contact us. Our website at [www.opi.mt.gov](http://www.opi.mt.gov) contains a great deal of information that may be of help to you.*

Superintendent of Public Instruction

# Montana Educator Endorsements

## TEACHING

Agriculture  
Art  
Art (K-12)  
Biology  
Business Education  
Chemistry  
Computer Science (K-12)  
Dramatics  
Earth Science  
Economics  
Economics—Sociology  
Elementary Curriculum  
English  
English as a Second Language  
English as a Second Language (K-12)  
Family and Consumer Sciences  
French  
French (K-12)  
Geography  
German  
German (K-12)  
Health  
History  
History—Political Science  
Industrial Arts  
Italian  
Journalism  
Latin  
Latin (K-12)  
Library  
Library (K-12)  
Marketing  
Mathematics  
Music  
Music (K-12)  
Physical Education & Health  
Physical Education & Health (K-12)  
Physical Science  
Physics  
Physics/Physical Science  
Psychology  
Political Science  
Reading  
Reading (K-12)  
Russian  
Russian (K-12)  
School Counseling  
Science (Broadfield)  
Social Studies (Broadfield)  
Sociology  
Spanish  
Spanish (K-12)

Special Education  
Special Education (P-12)  
Speech—Communication  
Speech—Drama  
Technology Education  
Traffic Education (K-12)

## ADMINISTRATIVE

Elementary Principal  
Principal (K-12)  
Secondary Principal (5-12)  
Superintendent  
Supervisor (K-8)  
Supervisor (5-12)  
Supervisor (K-12)

## SPECIALIST

School Counselor  
School Psychologist

## Permissive Specialized Competency

Statement of specialized competency identified on license:

Permissive Special Competency: Early Childhood

Permissive Special Competency: Gifted (K-12)

# **Professional Educators of Montana Code of Ethics**

**Adopted by the Certification Standards and Practices Advisory Council of the  
Montana Board of Public Education on October 30, 1997.**

## **Preamble**

Education in Montana is a public endeavor. Every Montanan has a responsibility for the schooling of our young people, and the state has charged professional educators with the primary responsibility of providing a breadth and depth of educational opportunities.

The professional conduct of every educator affects attitudes toward the profession and toward education. Aware of the importance of maintaining the confidence of students, parents, colleagues and the public, Montana educators strive to sustain the highest degree of ethical conduct. While the freedom to learn and the freedom to teach are essential to education in a democracy, educators in Montana balance these freedoms with their own adherence to this ethical code.

## **The Professional Educator in Montana:**

***Makes the well-being of students the foundation of all decisions and actions.***

- Protects students when their learning or well-being is threatened by the unsafe, incompetent, unethical, or illegal practice of any person.
- Provides educational services with respect for human dignity and the uniqueness of the student.
- Safeguards the student's right to privacy by judiciously protecting information of a confidential nature.

***Fulfills professional responsibilities with diligence and integrity.***

- Enhances individual competence by increasing knowledge and skills.
- Exemplifies and fosters a philosophy of education which encourages a lifelong pursuit of learning.
- Contributes to the development and articulation of the profession's body of knowledge.
- Promotes professionalism by respecting the privacy and dignity of colleagues.
- Demands that conditions of employment are conducive to high-quality education.

***Models the principles of citizenship in a democratic society.***

- Respects the individual roles, rights, and responsibilities of the community including parents, trustees, and colleagues.
- Assumes responsibility for individual actions.
- Protects the civil and human rights of students and colleagues.



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ATTN: Educator Licensure

• NOTICE •  
APPLICATIONS MORE THAN ONE YEAR OLD  
WILL BE DESTROYED.

## APPLICATION FOR CLASS 5 ALTERNATIVE LICENSE

Last Name		First Name		Middle Name	Former Name(s)	
Mailing Address (Street, RFD, PO Box)			City		State	ZIP
Name as you wish it to appear on license				E-Mail Address		
Folio No. (if previously assigned)	Social Security No.	Date of Birth	Home Telephone		Work Telephone	

Classes Applied for and Nonrefundable Fees: (MCA §20-4-109)

	Fee	Check Classes Requested
<b>Mandatory Filing Fee for Initial License</b>	<b>\$6.00</b>	<input checked="" type="checkbox"/>
Class 5—Alternative Reinstatement	\$18.00	<input type="checkbox"/>
Class 5—Alternative Elementary Teaching	\$18.00	<input type="checkbox"/>
Class 5—Alternative Secondary Teaching	\$18.00	<input type="checkbox"/>
Class 5—Alternative Elementary Principal	\$18.00	<input type="checkbox"/>
Class 5—Alternative Secondary Principal	\$18.00	<input type="checkbox"/>
Class 5—Alternative K-12 Principal	\$18.00	<input type="checkbox"/>
Class 5—Alternative Superintendent	\$18.00	<input type="checkbox"/>
Class 5—Alternative School Psychologist	\$18.00	<input type="checkbox"/>
Class 5—Alternative School Counselor	\$18.00	<input type="checkbox"/>
Class 5—Alternative Supervisor	\$18.00	<input type="checkbox"/>
<b>TOTAL Cost of All Checked—Submit check payable to "OPI"</b>	<b>\$</b>	

**FOR STATISTICAL USE ONLY:** (a) Gender: Female\_\_\_\_ Male\_\_\_\_ (b) Ethnicity: American Indian/Alaskan Native\_\_\_\_ Asian American\_\_\_\_  
Hispanic or Latino\_\_\_\_ Black or African American\_\_\_\_ White, Non-Hispanic\_\_\_\_ Native Hawaiian or Pacific Islander\_\_\_\_  
Other (specify)\_\_\_\_\_

List endorsement areas you are requesting\_\_\_\_\_  
(See page 2 for a complete listing.)  
Do you currently hold a certified position in a Montana school? ☐ Yes ☐ No If so, what school? \_\_\_\_\_  
Supervisor\_\_\_\_\_ Telephone\_\_\_\_\_

State of\_\_\_\_\_

County of\_\_\_\_\_

### OATH:

You must subscribe to the following oath or affirmation before a notary public or other officer authorized by law to administer oaths.

(MCA §20-4-104.) "I solemnly swear (or affirm) that I will support The Constitution of the United States of America and The Constitution of the State of Montana."

### DECLARATION:

- I hereby declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. In signing this application, I am aware that a false statement of material fact, misrepresentations, or omissions of material fact in or with this application may lead to the denial, revocation or suspension of the license(s) I am seeking.
- I acknowledge that I have read the **Professional Educators of Montana Code of Ethics**.

Subscribed and sworn before me  
this \_\_\_\_\_ day of \_\_\_\_\_  
(month) (year)  
Signature of Applicant\_\_\_\_\_  
Signature of Notary Public\_\_\_\_\_  
My Commission Expires\_\_\_\_\_

❖ SPECIFY THE SCHOOL YEAR FOR WHICH THIS LICENSE IS BEING REQUESTED: 20\_\_\_\_ - 20\_\_\_\_

# MONTANA EDUCATOR LICENSURE APPLICATION

## CHARACTER AND FITNESS INFORMATION

Last Name	First Name	Middle Initial	Former Name(s)	
Mailing Address: (Street, RFD, PO Box)		City	State	ZIP
Social Security Number				

	Yes	No
Do you currently hold a Montana Educator License?		
Do you currently hold or have ever held a professional certificate, license, or other credential in any other field?  If yes, please provide: State or Jurisdiction _____ Type of License _____ Certificate Number _____ Issue Date _____ Expiration Date _____		

Answer each of the following questions by checking "Yes" or "No." **If the answer to any of the questions below is "Yes," please attach a separate signed, dated, and detailed explanation of each event, including the date of the event and the circumstances surrounding the event.**

	The questions apply to your experiences in Montana or in any other state or country.	Yes	No	Information Previously Provided to OPI
<b>1</b>	Have you ever had adverse action taken against any professional certificate, license, or other credential issued for practice in any field, including teaching, or is any such action pending?  Adverse action includes, but is not limited to, letter of warning, reprimand, denial, suspension, revocation, voluntary surrender, cancellation or failure to renew.			
<b>2</b>	Have you ever resigned or been disciplined, discharged, or asked to resign or retire from a professional position or military service because of allegations of misconduct or is any such action pending?  The scope of this question includes being dismissed from any teaching, administrative or specialist position for failure or refusal to fulfill an employment contract or any other misconduct associated with the teaching profession.			

		Yes	No	Information Previously Provided to OPI
3	<p>Have you ever been convicted of a felony or misdemeanor crime in Montana or any other state or country or is any such action pending?</p> <p>You may omit minor traffic violations, such as speeding tickets, but you must include DWIs, DUIs, reckless driving or similar violations. You must include cases in which you were found guilty, entered into a plea agreement, or entered a plea of “no contest” (or similar plea). We encourage you to be as inclusive as possible. If you are uncertain about whether to include a particular experience, contact OPI Legal Division at (406) 444-4402.</p> <p>If the answer to this question is “Yes” please include the court name and address and the case name and number if available. If you have copies of court documents, please provide copies with your statement regarding the circumstances.</p>			

**Release of Information:**

I am seeking a Montana Educator License. I hereby expressly and voluntarily authorize the release of any and all information of a confidential or privileged nature, including confidential criminal justice information, to the Montana Office of Public Instruction and its agents. I understand and agree that such information may be necessary for the evaluation of my Educator Licensure Application. I release the Montana Office of Public Instruction and any agency, court, organization, company, institution, or person furnishing this information from any liability for damage that may result from any dissemination of the information requested. My signature below confirms this consent.

I hereby declare under penalty of perjury the information included in or with this supplement is true, correct, and complete to the best of my knowledge. In signing this application, I am aware that a false statement of material fact, misrepresentation, or omission of material fact in or with this application may lead to the denial, revocation or suspension of the license I am seeking.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

**FOR OFFICE OF PUBLIC INSTRUCTION USE ONLY:**

Fingerprint Background

Check Complete \_\_\_\_\_

Investigation Complete \_\_\_\_\_

Application Approved: \_\_\_\_\_ Date \_\_\_\_\_

Comments:



Denise Juneau, Superintendent  
Montana Office of Public Instruction  
PO Box 202501  
Helena, Montana 59620-2501  
www.opi.mt.gov

## CLASS 1, 2 AND/OR 3 INSTITUTIONAL EVALUATION AND RECOMMENDATION

Last Name	First Name	Middle Name	Former Name(s)	
Mailing Address (Street, RFD, PO Box)		City	State	ZIP
E-Mail Address				
Folio No. (if previously assigned)	Social Security No.	Date of Birth	Home Telephone	Work Telephone

The above-named is an applicant for teacher or administrative licensure in Montana.

**Instructions:** Complete this form only if applying for a Class 1, 2, 3 or 5, if applicable. If not, please discard.

**Institutional Evaluation and Recommendation:**

The Dean of Education or Licensure Official at your college must complete this form. Photocopy if needed.

Evaluation of Teacher Preparation	Student Training Experience		Semester Credits	Quarter Credits
	Yes	No		
Elementary education program completed <input type="checkbox"/> Yes <input type="checkbox"/> No				
Secondary education program completed <input type="checkbox"/> 5-12 <input type="checkbox"/> Yes <input type="checkbox"/> No				
Teaching major(s) <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> K-12 (specify) _____				
Teaching minor(s) <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> K-12 (specify) _____				
<b>Class 3 Administrative Program</b> <input type="checkbox"/> Elementary Principal <input type="checkbox"/> Superintendent <input type="checkbox"/> Secondary Principal <input type="checkbox"/> Supervisor <input type="checkbox"/> K-12 Principal <input type="checkbox"/> Supervisor K-12 Special Education				

**Recommendation**

University  
Seal

I hereby recommend licensure for \_\_\_\_\_  
(Name)

Signature \_\_\_\_\_

Institution \_\_\_\_\_

Please check if your institution is ☐ State Board ☐ NCATE

Title \_\_\_\_\_  
(Dean of Education or Licensure Official)

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Telephone Number \_\_\_\_\_



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## CLASS 3 ADMINISTRATIVE LICENSE INSTITUTIONAL EVALUATION AND RECOMMENDATION FOR PRINCIPAL AND/OR SUPERINTENDENT

Within each program, the following graduate content is required. Identify the course in which the identified graduate content was contained.

<b>ELEMENTARY PRINCIPAL (content required):</b>	<b>Rubric</b>	<b>Course Title</b>	<b>___Sem. ___Qtr. Credit</b>
School Leadership			
Instructional Leadership including:			
A. Supervision			
B. Elementary Curriculum			
Management including:			
A. School Finance			
B. School Law			
School and Community Relations			
<b>SECONDARY PRINCIPAL (content required):</b>			
School Leadership			
Instructional Leadership including:			
A. Supervision			
B. Secondary Curriculum			
Management including:			
A. School Finance			
B. School Law			
School and Community Relations			

### SUPERINTENDENT

Has the applicant completed a year-long administrative internship as superintendent? ☐ Yes ☐ No Rubric\_\_\_\_\_

<b>Content Required:</b>	<b>Rubric</b>	<b>Course Title</b>	<b>Credit</b>
Organizational Leadership			
Instructional Leadership			
Management including:			
A. School Finance			
B. Facilities			
C. Law and Policy			
D. Personnel and Labor Relations			
Public Relations			





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## CLASS 3 ADMINISTRATIVE LICENSE INSTITUTIONAL EVALUATION AND RECOMMENDATION FOR SUPERVISOR ENDORSEMENT

### SUPERVISOR—

Has the applicant completed your institution's approved master's degree in the special area to be endorsed? ☐ ☐ Yes ☐ No

	Rubric	Course Title	Credit
At least 21 graduate quarter (14 semester) credits in education or the equivalent to include the following content:			
General school administration			
Administration in the special area to be endorsed			
Supervision of instruction			
Basic school finance			
School law			
A Supervised Practicum/ Internship (minimum of 6 quarter credits)			

### SUPERVISOR—SPECIAL EDUCATION K-12

Has the applicant completed your institution's approved master's degree in special education, school psychology, speech language pathology, audiology, physical therapy, occupational therapy, registered nurse, clinical social worker or clinical professional counselor? ☐ Yes ☐ No

Has the applicant completed the following 24 graduate semester credits in courses below? ☐ Yes ☐ No

	Rubric	Course Title	Credit
General school administration			
Administration of special education			
Supervisor of instruction			
Basic school finance			
School law			
Supervised practicum			



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## CLASS 5 ALTERNATIVE (SPECIALIST) LICENSE—SCHOOL PSYCHOLOGIST

### MINIMUM REQUIREMENTS

An Alternative License (Class 5 Specialist) may be issued to applicants who have completed a master's degree in school psychology, or equivalent related area, but have minor discrepancies such as deficiencies in Montana's minimum course requirements or lack of recent credits. The applicant may have no more than four course deficiencies, one of which cannot be individual intelligence testing.

**TO APPROPRIATE OFFICIAL:** Deficiencies must be indicated to the applicant and specifically identified in the evaluation. The evaluation becomes part of the Plan of Professional Intent when course deficiencies are noted. This Plan of Professional Intent must be signed as a condition for issuance of the Class 5 Alternative License.

### PLAN OF PROFESSIONAL INTENT

#### A. TO BE COMPLETED BY COLLEGE OFFICIAL

\_\_\_\_\_ has met the minimum requirements and is recommended for a three-  
(Name)  
year Class 5 Alternative (Specialist) License endorsed for school psychology. To qualify for a Class 6 (Specialist) License, he/she must meet the following specific requirements:

- \* ☐ Courses outlined as deficiencies in the evaluation.
- ☐ Recent training: \_\_\_\_\_ semester (\_\_\_\_\_ quarter) credits.

\_\_\_\_\_  
Appropriate Official

\_\_\_\_\_  
Date

- \* Please indicate specific course deficiencies below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### B. TO BE SIGNED BY APPLICANT

I understand that the Class 5 Alternative (Specialist) License is issued for three (3) years and **IS NOT** renewable. For full licensure I must complete the specific requirements outlined above and qualify for a Class 6 License. Recent credit must be earned within the 5-year period preceding the effective date of the new license.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## CLASS 5 ALTERNATIVE (SPECIALIST) LICENSE: *SCHOOL COUNSELOR*

An Alternative License (Class 5 Specialist) may be issued to applicants who have completed a master's degree in school counseling, or equivalent related area, but have minor discrepancies in program requirements or lack recent credits. **The applicant can have no more than four course deficiencies to qualify for this license.**

### PLAN OF PROFESSIONAL INTENT:

#### A. TO BE COMPLETED BY COLLEGE OFFICIAL

\_\_\_\_\_ has met the minimum requirements and is recommended for a three-year Class 5 (Specialist) License endorsed for school counselor. To qualify for the Class 6 (Specialist) License, he or she must meet the following specific requirements:

\* ☐ Courses outlined as deficiencies in the evaluation.

☐ Recent training: \_\_\_\_\_graduate semester (\_\_\_\_\_graduate quarter) credits.

\* Please indicate specific course deficiencies below:

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\_\_\_\_\_  
Appropriate Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Institution

#### B. TO BE SIGNED BY APPLICANT

I understand that the Class 5 Alternative (Specialist) License is issued for three (3) years and **IS NOT** renewable. For full licensure I must complete the specific requirements outlined above and qualify for the Class 6 License.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



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## VERIFICATION OF EDUCATION EXPERIENCE

Complete this form only if applying for a Class 1 or Class 3 License. If not, please discard. This statement should be prepared and signed by the appropriate school official. The **current** appropriate administrator may sign this form based on personnel records.

If you need to send this form to more than one district or if you need additional space, please make a photocopy of this form.

**INITIAL:**      **Class 1 Teaching—**

- Three (3) years of successful teaching experience, the majority of which must have been obtained in a K-12 structure.

**Class 3 Supervisor—**

- Three (3) years of successful teaching experience as an appropriately licensed and assigned teacher.
- Five (5) years of successful experience in an accredited school setting as a fully licensed and assigned related services provider for Special Education Supervisor endorsement.

**Class 3 Administrative (Principal)—**

- Three (3) years of successful teaching experience as an appropriately licensed and assigned teacher.

**Class 3 Administrative (Superintendent)—**

- One (1) year of administrative experience as an appropriately licensed administrator (principal, assistant principal, supervisor), OR
- One (1) year of a supervised internship as superintendent.

A. \_\_\_\_\_  
(Applicant)

B. Assignment  
\_\_\_\_ teacher  
\_\_\_\_ administrator  
\_\_\_\_ school psychologist  
\_\_\_\_ school counselor  
\_\_\_\_ other \_\_\_\_\_

C. \_\_\_\_ full-time/ \_\_\_\_ part-time  
(if part-time, please explain)

D. Grades \_\_\_\_\_

Folio or Social Security Number

E. Dates of employment: from (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_.

If part-time or substitute experience, give exact number of days being verified: \_\_\_\_\_ days

School/District: \_\_\_\_\_ Address: \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

F. I hereby affirm that this experience was:

☐

Satisfactory

☐

Unsatisfactory

If unsatisfactory, attach a letter of explanation.

Signature

Present Title

Date

Printed Name

Address

City

State

ZIP

Telephone



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## CLASS 5 CHECKLIST

### Please be aware that:

- **Incomplete application files will be returned without action,**
- **Fees paid are nonrefundable,**
- **Transcripts can be sent directly from the college or university**

.

- ☐ Have you completed all applicable sections of your application? Be sure to include date of birth, social security number, e-mail address, and physical address. (page 4)
- ☐ Has your application been signed and dated before a licensed notary public? Has the notary affixed his or her seal? (page 4)
- ☐ Have you indicated what school year you wish to have your license validated? (page 4)
- ☐ Have you completed the Character and Fitness Information? (pages 5 & 6)
- ☐ Have you completed and mailed the Criminal History Background Check Application to the Montana Department of Justice with a check for \$29.25 payable to the Montana Department of Justice (if applicable)?
- ☐ Have you made your check or money order for fees payable to the OPI?

In addition to the general checklist, please see additional checklist for your specific alternative license.

**ELEMENTARY/SECONDARY TEACHING:**

- ☐ Have you included or requested a complete set of official (not a photocopy) transcripts showing degree(s) and date(s) of award?
- ☐ Has your college completed the applicable institutional evaluation and recommendation form? (page 7 - only applicable if you have already completed a professional teacher preparation program)

**ELEMENTARY/SECONDARY/K-12 PRINCIPAL/SUPERINTENDENT:**

- ☐ Have you included or requested a complete set of official (not a photocopy) transcripts from any accredited professional educator preparation program and nine graduate semester credits in school administration?
- ☐ Has your college completed the applicable Institutional Evaluation and Recommendation form(s)? (pages 7 & 8)
- ☐ Has your recent Verification of Education Experience form been completed by your school district? (page 12)

**SUPERVISOR:**

- ☐ Have you included or requested a complete set of official (not a photocopy) transcripts from an accredited college or university in the area requested for supervisory endorsement?
- ☐ Has your college completed the applicable Institutional Evaluation and Recommendation form(s)? (pages 7 & 9)
- ☐ Has your recent Verification of Education Experience form been completed by your school district? (page 12)

**SCHOOL PSYCHOLOGIST:**

- ☐ Have you included or requested a complete set of official (not a photocopy) transcripts showing degree(s) and date(s) of award?
- ☐ Has your college completed the applicable Institutional Evaluation and Recommendation form(s)? (page 10)

**SCHOOL COUNSELOR:**

- ☐ Have you included or requested a complete set of official (not a photocopy) transcripts showing degree(s) and date(s) of award?
- ☐ Has your college completed the applicable Institutional Evaluation and Recommendation form(s)? (page 11)